

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

County Registrar's No. * 187

(return should preferably be made
by person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Tonto Basin County Gila No. 187 St. 187

Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth
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DATE OF BIRTH* April 26 1929
(Month) (Day) (Year)

FULL NAME	FATHER
	<u>Albert Finch</u>
FULL NAME	MOTHER
	<u>Beulah Kemp</u>

I HEREBY CERTIFY that the child described herein
has been named

Jewell Ruth Finch

(Give name in full)

(Surname)

Beulah Finch

(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Each supplemental reports of birth may be obtained from the local registrar.

168-426-227